



GIFT AGREEMENT

It is my pleasure to support the Southampton Hospital Foundation

I/We pledge to contribute a total gift of \$ _____

This commitment will be paid over _____ years, starting in _____ of 20____

Please send reminder notices on an (check one): Annual ___ Monthly basis _____

I would like to make an unrestricted gift to the Southampton Hospital Foundation

I would like my gift to be restricted to:

I wish my gift to remain anonymous

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Signature: _____ Date: _____

Please include any special gift instructions or designations:

All gifts to the Southampton Hospital Foundation remain in our community and support initiatives at Stony Brook Southampton Hospital. The Southampton Hospital Foundation is a 501(c)3 organization and gifts are tax deductible to the fullest extent of the law. Please return this pledge intent to:

Southampton Hospital Foundation
Steve Bernstein, President
240 Meeting House Lane
Southampton, NY 11968

For additional information please contact the Foundation office at (631) 726-8700

Thank you for your generosity!